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TRANSMITTAL FORM

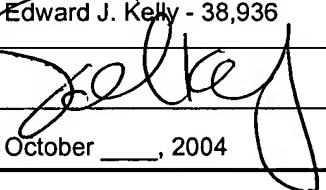
(to be used for all correspondence after initial filing)

| | | | |
|--|--|------------------------|----------------------|
| | | Application Number | 10/724705 |
| | | Filing Date | December 2, 2003 |
| | | First Named Inventor | Kamyar Ghandi |
| | | Art Unit | 2834 |
| | | Examiner Name | Dougherty, Thomas M. |
| Total Number of Pages in This Submission | | Attorney Docket Number | CTPH-P02-005 |

ENCLOSURES (Check all that apply)

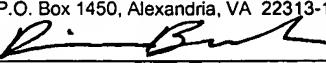
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| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Technology Center (TC) |
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| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input checked="" type="checkbox"/> Power of Attorney, Revocation <input checked="" type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
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| <input type="checkbox"/> Certified Copy of Priority Document(s) | | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|---|
| Firm or Individual name | ROPS & GRAY LLP Edward J. Kelly - 38,936 |
| Signature |  |
| Date | October 13, 2004 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

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Signature:  (Diane Burke)



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| | | |
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| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/724,705 |
| | Filing Date | 12/02/03 |
| | First Named Inventor | Kamyar Ghandi |
| | Art Unit | 2834 |
| | Examiner Name | Dougherty, Thomas M. |
| | Attorney Docket Number | CTPH-P02-005 |

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 28120

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number: 28120

OR

| | |
|---|------------------------------------|
| <input type="checkbox"/> Firm or Individual Name | ROPS & GRAY LLP Edward J. Kelly |
|---|------------------------------------|

| | |
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| City | Boston |
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|--|-----------|--------------|
| Name | Nesbitt Hagood Chief Technology Officer Continuum Photonics, Inc. 5 Fortune Drive Billerica, Massachusetts 01821 | | |
| Signature | | | |
| Date | 9-24-04 | Telephone | 978-670-4910 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 1 forms are submitted.